

<div style="font-size: 2em; font-weight: bold; margin-bottom: 5px;">12</div> <div style="font-size: 1.2em; font-weight: bold;">CLAIMS ONLY</div>				Application Number <div style="font-size: 1.5em; font-weight: bold; margin-top: 5px;">09/859461</div>		Filing Date <div style="height: 20px; border: 1px solid black; margin-top: 5px;"></div>	
				Applicant(s)			
				* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
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Total Indep							
Total Depend							
Total Claims							